Application of Docket	Number
. //	
10/63	15007
9 (7) 10- 3	1384

	Effective January 1, 2003											
CLAIMS AS FILED - PART I SMALL ENTITY O										OTHER SMALL	THAN	
TOTAL CLAIMS			12				RATE FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		* C		X\$ 9=		1 OR	X\$18=		
IND	EPENDENT CL	AIMS	' m ii	minus 3 =			X42	=	OR	X84=	-	
MULTIPLE DEPENDENT CLAIM PRESENT							+140	= !	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		OR	TOTAL		
	C	LAIMS AS A				OTHER	THAN					
(Column 1) (Column 2) (Column 3)							SMA	LL ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 20	Minus	**	19	=	X\$ 9	=	OR	X\$18=		
AME	Independent	• 5	Minus	***	/	=	X42:	-	OB	X84=		
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM		+140	=	OR	+280=		
							TO		OR	TOTAL		
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	tt L	.	ADDIT. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW NO	Total	*	Minus	±#		=	X\$ 9	=	OR	X\$18=		
AMENDMENT	Independent	•	Minus	***		<u> </u>	X42:		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140		1	+280=			
	- 1						TO		OR	TOTAL		
							ADDIT. F	EE L	ÓВ	ADDIT. FEE		
		(Column 1) CLAIMS		(Colui		(Column 3)		. = - :	7			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM	BER OUSLY	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=	OR	X\$18=		
	Independent	•	Minus	***		=	X42:		OR	X84=		
2	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM				1			
	If the entry in colu	mn 1 is loss than t	ne entry in colu	mn 2 write	a "O" in co	luma 3	+140		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***							ADDIT. F	EE]	ADDIT. FEE		

FORM PTO-875 (Rev. 12/02)

*U.S. Government Printing Office: 2003 — 498-278/69151

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